

INSTRUCTIONS FOR FILING SOURCE DOCUMENT, FORM MARS001

1. Market - The following are lists of commercial and personal lines the department regulates:

Commercial	Personal
Artisans	Auto liability
Auto Liability	Auto Physical Damage
Auto Physical Damage	Boatowners
Businessowners	Crime
Commercial Package Policy	Economic Security
Crime	Excess Liability
Farmowners	Fire
Fire	General Liability
General Liability	Glass
Glass	Homeowners
Market Segments	Inland Marine
Professional Liability	Mobile-Homeowners
Special Multi Peril	Pet Insurance
	Title

2. Type of Filing - Check all applicable items. "Other" includes the following: symbol pages, CAIP & PAIP changes in Plan of Operation. Plain Language Certification only applies to personal lines (except Title).
3. Proposed Effective Date - Enter the anticipated date you would like the filing effective, eg June 10, 2000 as 06 10 2000. No rate, rule or form filings for personal lines insurance may be used in New Jersey until it is approved by the Commissioner. The effective date is an agreed date between the filer and the department. Commercial lines rates and rules filings are submitted on a use and file basis in accordance with the Commercial Deregulation Act of 1982, NJSA 17:29AA-1, et. seq. Commercial lines forms filings are submitted on a file and use basis with a minimum 30 day deemer from receipt of filing. "Renewals" if not applicable leave blank.
4. Company Name - Include only companies in your group to which this filing applies. Group number is 4 digits, NAIC number is 5 digits.
5. Line - Enter the line of insurance (see #1 above for lines of insurance).
6. Subline - The following are recognized sublines by the department and may be amended.

Line	Subline
Professional Liability	Dentists/Technical Employees
	Employees Professional Liability
	Hospitals
	Lawyers
	Nurses
	Nursing Homes
	Optometrists/Opticians
	Physicians/Surgeons
	Physiotherapists
	Podiatrists
Commercial General Liability	Premises/Operations

Personal Inland Marine

Credit Property

Economic Security

Credit Involuntary Unemployment
Leave of Absence

7. Program Name - Enter program name if applicable, for example
Businessowners Insurance Program.
8. Bureau Designation # - Not applicable to companies.
9. Include previously disapproved exclusions, rates or rules.
10. If this filing is a revision of your current program, provide the New Jersey
Department File # and effective date of the rates, rules or forms that are
being revised by this filing.
11. If this filing is identical or similar to that of another carrier, provide
the department file # and company name.
12. Enter the applicable Annual Statement Statutory Page 14 line(s) of business
where the premium associated with this filing will be reported.
13. If this filing has an impact on rates, complete the requested information as
it affects the current book of business.

Affidavit of Compliance - complete all parts.